Yukon Flats Health Center Registration Form

First Name: Middle Name: Last Name:	DOB: SSN: Marital Status:	Current Community: Phone Number: Email Address:
Address: City: State: Zip:	Primary Department: (Circle) Fort Yukon Arctic Village Beaver Birch Creek Venetie	Emergency Contact Name & Phone Number: Next of Kin Name & Phone Number:
Race/Ethnicity: Tribal Affiliation: Blood Quantum:	Employer Name: Guardian Name: (If minor)	Driver's License/ID# State: Expiration Date:
Primary Insurance Plan Name: Member ID: Group Number:	Family Size: Income: Veteran Status: Y or N	Legal Sex: M or F Sexual Orientation: (Circle) Straight Lesbian, Gay, Homosexual Bisexual Something else Choose not to disclose

Please make a copy of the patient's Insurance card & picture ID front and back